How can you encourage medicines optimisation for patients with depression?

In this article, ***Anne Cole*** *complements the material in the medicines optimisation briefing on depression.*

These briefings have been developed for pharmacists and pharmacy teams working in England and Wales

Medicines optimisation is all about supporting patients so that they get the best possible outcomes from their medicines. It means using effective consultation skills (see: **www.consultationskillsforpharmacy.com**) in talking and engaging with individuals to understand their beliefs and concerns about their medicines and what they would like their medicine to achieve. It also involves ensuring that the medicine chosen for the patient is clinically appropriate, safe, effective and will help them to achieve their goals. It is about supporting the patient to continue to use their medicines in a way that fits with their lifestyle.

The medicines optimisation briefings we have produced are for pharmacy professionals working in all sectors of healthcare. We believe that, as experts in medicines and their use, pharmacy professionals are well placed to support patients to get the best outcomes from their medicines.

Medicines for depression

The briefing distributed with this week's issue of *The Pharmaceutical Journal* focuses on medicines that are used for depression. This is the third in a series of briefings that complement and build on each other. The content is not intended to be exhaustive; the aim is to improve your approach to, and understanding of, patients who have depression.

We often use the expression 'I feel depressed' when we're feeling sad or miserable about life. Usually, these feelings pass in due course, but if the feelings are interfering with a person's life and don't go away after a couple of weeks, or if they come back, over and over again, for a few days at a time, it could be a sign that they are depressed in the medical sense of the term (clinical depression).[1]

Depression is characterised by low mood, irritability and loss of interest which lasts for most of the day and persists over a period of time. Associated features may be: tiredness, altered appetite, weight loss or gain, insomnia, hypersomnia, agitation, feelings of worthlessness or guilt, poor concentration, thoughts of death and talk or experience of deliberate self harm.[2]

Depression is a very common illness; at any one time five percent of the population is suffering from depression. The lifetime risk is 12 percent for men and 25 percent for women. At least a third of the population will experience an episode of mild depression during their lifetime.[3,4] An Office for National Statistics mental health survey in 2004 found that 0.2 percent (8,700) of 5-10 year olds and 1.4 percent (62,000) of 11-16 year olds have severe depression.[2]

Depression commonly occurs in people with other chronic health conditions such as Parkinson's disease, coronary heart disease or chronic obstructive pulmonary disease

(COPD). In addition to guidance for managing depression in adults and in children and young people, the National Institute for Health and Care Excellence has issued guidance for the management of depression in people with chronic physical health problems.[5]

Postnatal depression (PND) is a depressive illness which affects between 10 to 15 percent of women having a baby. PND often starts within one or two months of giving birth or it may start several months after having a baby. About a third of women with PND have symptoms which started during pregnancy and continue after birth.[6]

The aim of treatment of depression is to obtain significant improvement or remission. The choice of intervention should be influenced by a person's:

- severity of symptoms of depression
- previous course of depression and response to treatment
- likelihood of adherence to treatment and any potential adverse effects
- personal preferences and priorities.

Antidepressants are not routinely recommended for initial treatment of sub-threshold or mild depression; for these patients low-intensity psychosocial interventions are preferred, such as individual guided self-help based cognitive behavioural therapy (CBT), computerised cognitive behavioural therapy (CCBT) or a structured group physical activity programme, depending on the person's preferences. [6]

Antidepressants should be considered for people with persistent sub-threshold depressive symptoms or mild depression if they:

- have a past history of moderate or severe depression or
- symptoms have been present for a long period (typically at least 2 years) or
- symptoms persist after other interventions. [3]

Antidepressants are recommended for people with moderate or severe depression in combination with a high-intensity psychological intervention.[3]

Supporting people with depression in community pharmacies

The easy access of community pharmacy provides an opportunity to identify people and support patients with depression.

Identifying people with depression

One of the problems resulting from the stigma associated with mental illness is that people may feel ashamed or guilty about seeking help; they think they can, or should be able to cope. There is an opportunity for people working in community pharmacies to raise awareness and look out for people who may be in need of help and support but are reluctant to seek help.

- Look for changes in mood or engagement in activities amongst your patients and customers - persistent low mood and loss of interest in activities. Talk to them about this.
- Ask the two depression screening questions from NICE and the British Association for Psychopharmacology:
    - 'During the past month, have you often been bothered by feeling down, depressed or hopeless?'

  - 'During the past month, have you often been bothered by little interest or pleasure in doing things?'

  If the answer is 'yes' to either question encourage the person to visit their GP and with the person's permission contact their GP on their behalf.
- Look out for changes in personal circumstances, eg, employment, divorce, bereavement, finances or a newly diagnosed or chronic medical condition.

However, there is often no identifiable cause of depression and this may make people feel more hopeless or worthless as they can't see a reason for their illness. Reassure them about this.

Starting antidepressants

There is potentially a lot of information that you can provide to patients with depression, so use your consultation skills to find out what their priorities are and work on these first. Ask patients if they would prefer to speak to you in the consultation area or room.

Selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants as they are the recommended first-line treatment.[3] While SSRIs are generally better tolerated than other antidepressants they can cause side-effects, but many of these are transient. Symptoms of anxiety may be exacerbated at the start of treatment, but these will wear off in time and can be minimised with a starting dose at the lower end of the recommended range.

Supporting patients with their antidepressant treatment

- Reassure patients about how they are feeling at the start of treatment and that these side-effects should improve if they keep taking the medicines regularly.
- Advise patients to speak to you or their GP if side-effects last longer or are worse than they expected or are impacting negatively on their lifestyle.
- Explain to patients that there are alternative choices of medicines available if they don't get on with what has been prescribed for them; it may just take a while to find the right medicine for them.
- Warn patients that when treatment is stopped this needs to be a gradual and carefully managed process to avoid discontinuation symptoms and reduce the risk of relapse.
- Check for any drug interactions with prescribed or over-the-counter medicines including herbal remedies.
- Make every contact count - every time you speak to a patient you have an opportunity to make a difference.
- Engage patients in conversation and allow for trust to build over time; don't assume that because they said they didn't have any questions the first time you asked that they won't ever want any information.
- Follow-up patients' questions or requests as it can be a very negative experience if they feel that nothing has been done.
- Provide written information to support any verbal information you have given to them.

Monitoring

As part of medicines optimisation it is important to ensure that correct monitoring of antidepressant treatment is being carried out. Do patients understand the reasons for monitoring and what it means?

When SSRIs are started a review should take place after two weeks, then every two to four weeks for the first three months and then at longer intervals following a good response. If there is no improvement within the first two to four weeks adherence should be checked. If there is still an inadequate response after three to four weeks, despite good adherence, NICE have recommendations for the next steps of treatments.[3]

Physical health
People with mental illness are entitled to receive the same level of support as people with any other long term condition; however, for various reasons this does not always happen. Poor physical health can arise as a side-effect of treatment (for example, weight gain, cardiovascular disease and increased risk of developing diabetes) and as a result of self-neglect, poor diet and high levels of smoking. Healthcare professionals involved must ensure that people's physical health is regularly kept under review and opportunities to encourage improvements in lifestyle are maximised. (Please refer to our previous medicines optimisation briefings and articles: **cardiovascular disease** and **type 2 diabetes**).

Lifestyle messages
People with depression will benefit from support and encouragement with lifestyle changes that will augment their antidepressants to improve their mood and reduce the risk of weight gain that may occur with some antidepressants.

Simple healthy living and dietary advice such as healthy eating, increasing exercise or reducing alcohol intake can be beneficial. Check out if exercise prescriptions are available in your area as this may be a helpful way of engaging people in regular exercise.

People have lots of questions about their general health as well as their mental health so community pharmacists are well placed to help with the information that people want.

Suggestions to improve mental well-being include:[7]

- keeping physically active
- eating well
- drinking alcohol in moderation
- valuing yourself and others
- talking about your feelings and not bottling these up
- keeping in touch with friends and family
- getting involved, making a contribution to local community activities
- learning a new skill
- doing something creative or something for fun
- taking a break
- asking for help.

Community mental health teams (CMHT)
Most mental health services are based within the community. Community-based mental health teams operate differently in different parts of the country, depending on the policies of the local NHS mental health trust. Find out how services are structured in your area by contacting the medicines management team at your local mental health NHS trust. You can go to them for help and advice if you are having problems obtaining stocks of certain antidepressants. Ask them which patient information resources they use and they will advise

you about how to access them, for example they may subscribe to the **Choice and medication** website. This website allows medicines information leaflets to be printed off to support people with depression.

Support groups
There are several national support groups such as Mind, Rethink Mental Illness, SANE, Mental Health Matters or Hafal (Wales) as well as groups such as local Mind branches that you can signpost people to for specialist support. Keep their contact details at hand and have leaflets on display (see *Signposting patients* below)

Signposting patients
There are many websites containing useful information for people with depression and their families, friends and carers. Tailor the advice and signposting to the individual and circumstance:

- Befriending services to avoid social isolation – contact your local council for information
- Depression Alliance
- Depression UK
- Hafal (Wales)
- Healthtalk online
- Local support groups
- Local sports and leisure centres or activity groups
- MIND and local branches
- Mood diaries – apps eg, mood calendar
- NHS Choices clinical depression
- NHS Choices Moodzone
- Pet therapy
- Pre and Postnatal Depression Advice and Support (PANDAS)
- Royal College of Psychiatrists factsheet – Depression
- Rethink Mental Illness
- Samaritans
- SANE
- Young MINDS

Signposting pharmacy professionals
Familiarise yourself with the NICE resources for depression including pathways, quality standards, guidance, technology appraisals and advice for depression in adults, children and young people

- Centre for Pharmacy Postgraduate Education (CPPE)
  - *Consultation skills for pharmacy*
  - *Depression* focal point programme
  - *Management of depression in community pharmacy* e-lecture
  - *Mental health* e-course
  - theLearningpharmacy.com – depression floor
- Clinical knowledge summaries
  - Depression
  - Depression in children
  - Depression- antenatal and postnatal

- College of Mental Health Pharmacy
- MHRA *Selective serotonin reuptake inhibitors* e-learning
- NHS shared decision making: Patient decision aid – depression
- Pharmacist Support
- Royal College of Psychiatrists
- The Royal Pharmaceutical Society: Mental health toolkit

Case studies

Kenneth
Kenneth is a 76-year-old man and a regular patient at your pharmacy. He presents a new prescription for venlafaxine 37.5 mg once daily, increasing to 75 mg once daily the following week. Kenneth has been taking paroxetine 20 mg every morning for three months. In consultation with Kenneth you discover that a locum GP has added the venlafaxine as Kenneth's depression has not improved, despite taking paroxetine regularly for three months. There are no plans to discontinue the paroxetine or slowly cross-taper to venlafaxine. You contact the GP to raise your concerns as there is no logical reason for prescribing them together because at lower doses venlafaxine is largely an SSRI and the co-prescription of venlafaxine with paroxetine places Kenneth at risk of serotonin syndrome and other side-effects. The GP agrees and asks if Kenneth can return to the surgery and a plan is made to slowly cross-taper his paroxetine to venlafaxine instead.

Aisha
Aisha is a 36-year-old woman who was been prescribed sertraline 100 mg daily for depression for five months. Today she has come into the pharmacy to purchase some over-the-counter medicines for flu. The healthcare assistant asks for you to speak to Aisha as she is concerned to see her looking so unwell; she is hot and sweaty and looks disorientated. In consultation with Aisha you discover that she stopped taking her sertraline tablets last week because she wasn't convinced they were working. She has developed a headache, a strange tingle in her neck and feels like she has flu. You suspect that Aisha is experiencing discontinuation symptoms from stopping her sertraline suddenly. You explain this carefully to Aisha and that antidepressants are normally stopped slowly to avoid these reactions. With Aisha's permission you contact her GP and she agrees to go and see him the same day to discuss further.

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